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Application of the Care Facility Operate a Long-term Care Facility

For Office Use Only Received [[/2/t/0 Amount 5/0.00

67374

l.	IDENTIFICATION								
	Name	KENTUCKY EASTER SEAL SOCIETY, INC. D.B.A. CARDINAL HILL REHABILITATION UNIT AT SAMARITAN HOSPITAL							
	Address	310 S.	Limestone						
	City/County/Zip Lexington/Fayette/40508								
	Telephone number (859) 226-7700 (mall@cardinalhill.org)								
	Administrator Terry C. Powers								
	Date facility operation began at current address								
	Date facility began operation under current owner 09/21/2005								
II.	TYPE BEDS		No. beds licensed		No. beds requested				
	Skilled								
	Nursing Home								
	Nursing Facility	y	34						
	Intermediate C	are							
	ICF/MR	,							
	Personal Care								
11.	CONTROL	CONTROL (check one in each column)							
(State County City Private		Profit Nonprofit		Individual Partnership Corporation				
II.	OWNERSHIP								
	Name and address of individual owner, partners or corporation. If partnership, list partners.								
	Kentucky Easter Seal Society, Inc.								
	2050 Versailles Road								
	Lexington, KY 40504								

	*	•							
	Name of corporation _	Kentucky	Easter S	eal Society, Inc	•	-			
	Address of corporation .	2050 Ver	050 Versailles Road, Lexington, KY 40504						
	President or Chairman	Kanarek							
	Vice President	Jimmy Nash							
	Secretary	Richard Sturgill							
	Treasurer	Glenn	enn Norvell						
	Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility. If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.								
	If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.								
	Name and address of parent corporation and/or management company, if applicable.								
	Parent	Management Company							
			• •						
	·		-						
I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.									
	met		_	VP/CFO	10/26	1000			
Signat	ture of authorized represe	entative		Title	Date	}			
Return Application and fee to:			275 East M	spector General Nain Street, 5E-A Kentucky 40621					

If facility owned or leased by a corporation, complete the following:

OIG 5 (10/2002)

KENTUCKY EASTER SEAL SOCIETY, INC.

2050 Versailles Road Lexington, KY 40504

2010 - 2011 BOARD OF DIRECTORS

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Vice Chair

Jimmy Nash

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